

Exhibit D

READ INSTRUCTIONS ON REVERSE S

A MAILING ADDRESS:

NAME Technology Credit CorporationADDRESS 919 The AlamedaCITY/STATE/ZIP San Jose, CA 95126

* 447463 *

File Date: 7/09/2004

Expires: 7/09/2009

Fee Total: 37.00

Clerk ID: 015

BRENDA DAVIS, County Clerk Recorder
SANTA CLARA COUNTY CLERK - RECORDER'S OFFICE

FICTITIOUS BUSINESS NAME STATEMENT - THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1. Fictitious Business Name(s) (Use an ADDENDUM form for additional names)

Extreme Networks Credit Corporation

2. Principal Place of Business in California - Street Address (P.O. Box not acceptable):

919 The Alameda

City

San Jose

State

CA

Zip Code

95126

3. Full Name of Registrant/Owner

Technology Credit Corporation

Residence Address (P.O. Box not acceptable)

919 The Alameda

City

San Jose

State

CA

Zip

95126

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

California

Full Name of Registrant/Owner

Residence Address (P.O. Box not acceptable)

City

State

Zip

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner

Residence Address (P.O. Box not acceptable)

City

State

Zip

(If a CORPORATION, LLC, LLP, or LP, show state of formation)

Full Name of Registrant/Owner

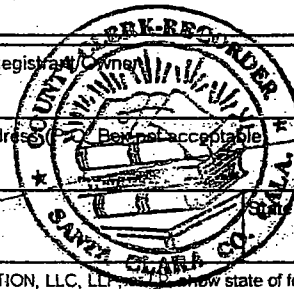
Residence Address (P.O. Box not acceptable)

City

State

Zip

(If a CORPORATION, LLC, LLP, or LP, show state of formation)



4A. This business is conducted by (PLEASE CHECK ONE ONLY):

☒ corporation ☐ business trust ☐ copartners ☐ joint venture ☐ limited liability company ☐ limited liability partnership☐ an individual ☐ husband & wife ☐ limited partnership ☐ general partnership ☐ an unincorporated association other than a partnership ☐ OTHER (please specify)4B. ☒ Registrant began transacting business under the fictitious business name or names listed here on (date) July 2, 1999☐ Registrant has *not yet begun* to transact business under the fictitious business name or names listed herein.

5A. REGISTRANT (other than a corporation) sign below:

I declare that all information in this statement is true and correct.

(A registrant who declares as true information which he or she knows to be false is guilty of a crime.)

Signed X _____

Print Full Name _____

5B. If Registrant is a CORPORATION, LLC, LLP, or LP, officer sign below:

Entity Name Technology Credit Corporation

Officer Signature X _____

Print Name

and Title James E. Hartigan, TreasurerARTICLE/CERTIFICATION/REGISTRATION # 1584988
FROM SECRETARY OF STATE'S OFFICE

This statement was filed with the County Clerk-Recorder of Santa Clara County on date indicated on the filing label above.

The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state or common law (see Section 14411 et seq., Business and Professions Code).

NOTICE - This Fictitious Business Name Statement expires five years from the date it was filed in the Office of the County Clerk-Recorder. A new Fictitious Business Name Statement must be filed before that time.

I hereby certify that this copy is a correct copy of the original Fictitious Business Name Statement on file in my office.

Brenda Davis, County Clerk-Recorder

6. ☐ First filing ☐ Refile within 40 days of expiration with no changes7. ☒ Refile with changes (Publication Required)
☐ Refile after 40 days of expiration date (Publication Required)

Current File #

367599

By _____ Deputy

LAURA RIVAS

TCC00317

Brenda Davis
Santa Clara Co.
Clerk-Recorder

07/09/04

07:32:12

Receipt # 69961
Wrkstn ID C490
File # F-0000447463

Fictitious Business Names

Public

Fees \$37.00
** TOTAL 37.00
Check 37.00

#12552

PLEASE KEEP THIS RECEIPT FOR REFERENCE

TECHNOLOGY CREDIT CORPORATION

482 Invoice #	CLERK-RECORDER'S OFFICE Date	Reference	000000000000006129 Invoice Amount	6/23/04 Amount Paid	12552 Discount	Net Amount
06/22/04	6/23/04	RENEWAL FOR EXTREME NET CC	\$37.00	\$37.00	\$0.00	\$37.00
			\$37.00	\$37.00	\$0.00	\$37.00

TCC00318

TYPE ALL INFORMATION

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

A MAILING ADDRESS: NAME <u>Extreme Networks Credit Corporation</u> ADDRESS <u>1400 Market Street, Suite 220</u> CITY/STATE/ZIP <u>San Jose, CA 95122</u> DAYTIME PHONE () _____		B PUBLISH IN: ENDORSED COUNTY CLERK'S FILING STAMP <div style="text-align: center;">JUL 2 1999</div> BRENDA DAVIS, County Clerk - Recorder Santa Clara County By _____ Deputy	
FICTITIOUS BUSINESS NAME STATEMENT		Articles of Incorporation or Organization Number, (if applicable)	
THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:			
1. Fictitious Business Name(s) <u>Extreme Networks Credit Corporation</u>			
2. Principal place of Business in California: Street address (P.O. Box not acceptable) <u>1400 Market Street</u> City <u>San Jose</u> State <u>CA</u> Zip code <u>95122</u>			
3. Full Name of Registrant <u>Technology Credit Corporation</u> Residential Address (P.O. Box not acceptable) <u>1400 Market Street</u> City <u>San Jose</u> State <u>CA</u> Zip <u>95122</u> (If corporation or limited liability company - show state of incorporation or organization)		Full Name of Registrant _____ Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If corporation or limited liability company - show state of incorporation or organization)	
Full Name of Registrant _____ Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If corporation or limited liability company - show state of incorporation or organization)		Full Name of Registrant _____ Residential Address (P.O. Box not acceptable) _____ City _____ State _____ Zip _____ (If corporation or limited liability company - show state of incorporation or organization)	
4A. This Business is Conducted by (check only one): <input type="checkbox"/> an individual <input type="checkbox"/> joint venture <input type="checkbox"/> a limited partnership <input type="checkbox"/> an unincorporated association other than a partnership <input type="checkbox"/> husband & wife <input type="checkbox"/> a corporation <input type="checkbox"/> a general partnership <input type="checkbox"/> a limited liability company <input type="checkbox"/> co-partners <input type="checkbox"/> a business trust <input type="checkbox"/> other (please specify) _____			
4B. <input type="checkbox"/> Registrant began transacting business under the fictitious business name or names listed on (date) _____ <input checked="" type="checkbox"/> Registrant has not yet begun to transact business under the fictitious business name or names listed herein.			
5A. REGISTRANT (other than a corporation) sign below: Signed _____ Type Signature _____		5B. If Registrant is a corporation or a limited liability company sign below: <u>Technology Credit Corporation</u> Corporation or Limited Liability Company Name Signature & Title _____ Type or Print Name & Title _____	
This statement was filed with the County Clerk of Santa Clara County on date indicated by filing stamp above.			
The filing of this statement does not of itself authorize the use in this state of a fictitious business name in violation of the rights of another under federal, state or common law see Section 14400 et seq., Business and Professional Code.			
NOTICE - THIS FICTITIOUS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THAT TIME.		I HEREBY CERTIFY THAT THIS COPY IS A CORRECT COPY OF THE ORIGINAL FICTITIOUS BUSINESS NAME STATEMENT ON FILE IN MY OFFICE. BRENDA DAVIS COUNTY CLERK	
6. <input type="checkbox"/> NEW FICTITIOUS BUSINESS NAME STATEMENT 7. <input type="checkbox"/> REFILE CURRENT FILE NO. _____ EXPIRATION DATE _____		BY <u>Mary Key</u> Deputy MARY KEY File No. 367599	

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POST-RECORD

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TCC00319

Brenda Davis
Santa Clara
County Clerk

07/02/99

14/30/26

Receipt # 742
Worksheet ID W408
File # F-0000367599

Fictitious Business Names

Public

Fees

\$37.00

** TOTAL

37.00

Check

37.00

#13434

PLEASE KEEP THIS RECEIPT FOR REFERENCE

TECHNOLOGY CREDIT CORPORATION

1343.

ACCOUNT NO.	VENDOR	554	COUNTY CLERK OFFICE	CHECK NO.	013434	CHECK DATE	6/08/99
VOUCHER	INVOICE NUMBER	INV. DATE	REFERENCE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET AMOUNT
6387	DBA FILING	6/08/99	DBA FILING EXTREME NCC	37.00	37.00	.00	37.00

TCC00320